



**PEDRO E. SEGARRA**  
Mayor

# CITY OF HARTFORD

## DEPARTMENT OF DEVELOPMENT SERVICES

### Economic Development Division

250 Constitution Plaza  
Hartford, Connecticut 06103

Telephone: (860) 757-9080

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[www.hartford.gov](http://www.hartford.gov)

**DAVID B. PANAGORE**  
Director of Development Services

**WAYNE I. BENJAMIN**

Acting Director  
Economic Development

## FAÇADE IMPROVEMENT PROGRAM APPLICATION

**Instructions:** Complete all items carefully and accurately to the best of your knowledge and return to:

**CITY OF HARTFORD  
DEVELOPMENT SERVICES  
ECONOMIC DEVELOPMENT DIVISION  
250 CONSTITUTION PLAZA, 4<sup>TH</sup> FLOOR  
HARTFORD, CONNECTICUT 06103-1822**

### I. OWNER INFORMATION

Property Owner(s) Name (Titleholder): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### II. PROPERTY INFORMATION

Address of Subject Property: \_\_\_\_\_  
\_\_\_\_\_

Description of Subject Property

▪ Number of Floors: \_\_\_\_\_

▪ Number and Type of Commercial Uses: \_\_\_\_\_  
\_\_\_\_\_

Name of Business(es) and Business Owner(s) or Merchants(s):  
\_\_\_\_\_  
\_\_\_\_\_

Number of Residential Units, if applicable: \_\_\_\_\_

Type of Construction (e.g. brick, wood, etc.): \_\_\_\_\_

Total Amount of Outstanding Loans on Subject Property: \_\_\_\_\_

Other Comments: \_\_\_\_\_

### **FAÇADE IMPROVEMENT(S) REQUEST**

Give a general description of the type of improvement(s) being requested:

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**I certify that the information in this application is true and I agree to participate in the Façade Improvement Program.**

\_\_\_\_\_  
**Owner(s) Signature (Must be Notarized)**

\_\_\_\_\_  
**Date**

State of

Country of

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2000

Notary Public

My Commission Expires: \_\_\_\_\_

### **ADDITIONAL DOCUMENTATION**

Please submit the following items along with the application form:

- Copy of deed and mortgage documents for subject property.
- Complete the attached Tax Affidavit showing that all City taxes due on all property owned by the same owner and return to me.
- Copy of Certificate of Property Insurance on subject property. (Evidence of Property Insurance).
- Copy of lease(s) between owner and merchant(s) or business person(s), if applicable.

### **TO BE DETERMINED LATER**

- Evidence of pre-qualification from a Banking/Financial Institution authorizing payment of up to 35% of the total cost of construction as required by the Façade Improvement Program.
- At the time of closing, the property owner(s) shall provide \$\_\_\_\_\_, made payable to the City of Hartford.

# FACADE IMPROVEMENT TAX PAYMENT VERIFICATION

Name of Business/Property Owner: \_\_\_\_\_

**Form of Business:** \_\_\_\_\_ Sale Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC

List the Names of the Principal(s) of the Organization: \_\_\_\_\_

***Business/Property Owner Certification:*** I certify that I do not hold title in whole or in part to any real, motor vehicles or personal property located in the City of Hartford other than that which is listed below:

| ADDRESS: REAL PROPERTY   | TO BE COMPLETED BY TAX COLLECTOR |    |                      |                                      |                                      |    |
|--|----------------------------------|----|----------------------|--------------------------------------|--------------------------------------|----|
|  | ARE TAXES<br>CURRENT             |    | AMOUNT<br>DELINQUENT | NUMBER OF<br>TAX YEARS<br>DELINQUENT | IS THERE A<br>REPAYMENT<br>AGREEMENT |    |
|  | YES                              | NO |                      |                                      | YES                                  | NO |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| <b>MOTOR VEHICLE</b>   |                                  |    |                      |                                      |                                      |    |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| <b>PERSONAL PROPERTY<br/>(Include Latest Filed<br/>Declaration Form)</b> |                                  |    |                      |                                      |                                      |    |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| _____  |                                  |    | \$ _____             | _____                                |                                      |    |
| _____  | Additional Comments: _____       |    |                      |                                      |                                      |    |
| <b>AUTHORIZED SIGNATURE</b>  |                                  |    |                      |                                      |                                      |    |
| <b>TITLE</b>   |                                  |    |                      |                                      |                                      |    |
| <b>DATE</b>  | Signature _____                  |    |                      | Date _____                           |                                      |    |